

MERCER GOVERNMENT HUMAN SERVICES CONSULTING

Quality Encounter Data

For over 35 years, we have worked with 45 US states and territories. We bring the right mix of battle-tested experts and multi-disciplinary practitioners to the table to shape real-world solutions and face the toughest issues.

Quality encounter data can seem like an elusive unicorn in the healthcare world. However, having complete, accurate and timely data not only a useful tool but a necessity in building quality healthcare programs that provide members with needed services, ensure provider costs are being met and maintain a viable program going forward. Quality data comprises all the necessary components from claims or encounters delivered in a consistent format by each of the reporting entities.

Once we have complete, accurate and timely encounters, what can we do with that data? Below are a few areas in which encounter data can have an impact:

- Granular utilization analysis
- Cost analysis
- Accurate rate setting
- Value-based purchasing

- Utilization management
- Quality management
- Risk-adjusted rates

Capturing the elusive unicorn requires planning, oversight and tools. The following items can be used individually; however, applying more of these elements increases the strength of the encounter data.

HEALTH PLAN CONTRACTS

Strong, clear and detailed encounter sections drive the expectations and accountability of the health plan. Consequences for not submitting complete and accurate data should be outlined and adhered to. In addition to the encounter section of the contract, some specific requirements, such as requiring a facility that acts as both a nursing facility and adult day health provider to have separate Medicaid provider IDs for each purpose, can

help to insure that encounters are properly bucketed by service.

NATIONAL STANDARDS

Although national standards seem straightforward, it's important to remember that the standards cover all forms of health insurance, including commercial, Medicare and Medicaid. It's important for the state to use the flexibility provided within the national standards to align the data with programmatic needs; for example, although "Paid Amount" is optional for 837 formatted files, it's intended to be optional due to subcontracted, bundled or global payments. Such encounters should also include additional indicators to show they have other payment arrangements.

ENCOUNTER SYSTEM EDITS

Ensuring efficient and helpful edits can be a useful tool for guiding health plans toward better encounters. Medicaid programs vary by state, and using off-the-shelf edits may not meet the needs of each state. Additionally, using edits designed for fee-for-service claims may not meet the needs or may cause other problems for encounter submissions.

MANUALS

States should provide encounter manuals when possible. Encounter manuals provide direction to the health plans, including data specifications and how to resolve rejections due to encounter edits.

EQR ISCA OR PLAN REVIEWS

An in-depth review of the health plan's information systems and processes can be instrumental in identifying gaps, omissions or errors in the data or organizational processes. These gaps may result in missing or incomplete encounters. States may choose to have reviews more often than required or reviews that vary in scope from the basics outlined by CMS. Reviews also offer the opportunity to work with health plans to improve their processes and become more efficient overall.

TECHNICAL ASSISTANCE

Regular technical assistance provides health plans with the opportunity to discuss challenges with encounter submissions as well as develop action plans and resolutions.

COMMUNICATION

States that provide more communication tend to have better encounter data. This communication can take the form of posted website updates, broadcast emails and regularly scheduled meetings. For example, if a problem is found in an encounter system edit, notification should be broadcast to the health plans to advise them that an error has been found and specifying the timeframe needed to update the edit logic and what actions the health plan should take. Notification shouldn't be limited to a few plans but provided to all health plans that submit encounters.

Clean, accurate and complete data is the cornerstone of good data analytics. Spending time and effort early on to ensure data is functional and health plans are supplying comparable data makes future analysis more efficient and insightful. Constant vigilance over the quality of data is necessary to guarantee continued success with reporting and data visualizations. Through the use of outlined strategies and a continual focus on quality, encounter data can inform many inquiries and is the basis for positive research that will bring that unicorn to you. Mercer can help your organization with all of the elements listed above.

Mercer conducts detailed reviews of states' medication therapy management and/or other medication-compliance programs. These reviews identify the savings opportunity that can result from increased patient monitoring and greater medication-adherence rates.

We help ready our clients for what's next: the next policy, the next budget, the next administration, the next opportunity.

We deliver an individualized focus, powered by industry-leading experience, integrated capabilities and passionate people. We help clients achieve better outcomes, develop and deploy defensible strategies, and reshape the delivery of health care.

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